

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: James E. Selis
Application No.: 10/631,204
Filed: 07/31/2003
For: BIOPSY DEVICES AND METHODS

Group No.: 3773
Examiner: Tyson, Melanie

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment and Supplemental Information Disclosure Statement for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: 3-17-06


Signature

Shelley L. Erla
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)				SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA			RATE		ADDIT. FEE	
TOTAL	17	– 20	=	x	\$	25.00	=	\$	
INDEP.	2	– 3	=	x	\$	105.00	=	\$	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$	0.00	=	\$	0.00
TOTAL								ADDIT. FEE	\$

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$180.00 to Deposit Account No. 50-1097 for the Supplemental Information Disclosure Statement Fee.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

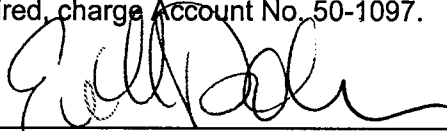
FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: _____

March 17, 2008



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